



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

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Board of Registration in Pharmacy
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114
(800) 414-0168 (office) / 617-973-0983 (fax)
<http://www.mass.gov/reg/boards/ph>

APPLICATION FOR A CERTIFICATE OF FITNESS
Manager of Record Must Complete Application. Fee: \$120.00

I, _____ (name), at _____ (telephone),
of _____ (street address), _____ (city),
_____ (state), _____ (zip code), a registered pharmacist, certificate number _____ being now
actively engaged in conducting a retail drug business as sole owner or Manager of Record for the firm /
corporation of _____ do hereby apply
for **CERTIFICATE OF FITNESS**, claiming to be a proper person to be entrusted with the authority to:

- 1) Use alcohol for the manufacture of United States Pharmacopeia and National Formulary preparations and all medicinal preparations unfit for beverage purposes,
- 2) Sell, in accordance with the laws of the Commonwealth, alcohol and alcoholic liquors, and that the public good will be promoted by the granting of such license.

I have _____ (give dollar amount) invested in said retail business and will comply with the laws of this Commonwealth and the regulations of the Board relating to the use and sale of the alcohol and alcoholic liquors.

I certify that I have not been convicted of a violation of said laws within one year prior to the date of this application.

I agree to notify the board at once if I cease to conduct the retail drug business at the above location and will return the certificate issued thereon.

Signed _____

Date _____

Please submit non-refundable check or money order for \$120.00 payable to the Commonwealth of Massachusetts.

- Please do not write below this line -

Check _____
Number _____

M.O. _____
Date _____